

## The Commonwealth of Massachusetts Executive Office of Elder Affairs One Ashburton Place, Boston, MA 02108

DEVAL L. PATRICK Governor

TIMOTHY P. MURRAY Lieutenant Governor

MICHAEL E. FESTA, ESQ. Secretary

II Please complete the following:

Tel: (617) 727-7750 Fax: (617) 727-9368 TTY/TTD 1-800-872-0166 www.mass.gov/elder

## I. General Information

As stated in 651 CMR 12.04(13)(a)(1), a Sponsor of an Assisted Living Residence is required to file annually, within 90 days following the end of the Residence's fiscal year, a financial disclosure form prescribed by Elder Affairs which sets forth a statement by the Sponsor based upon financial statements (audited, reviewed or compiled) prepared by a certified public accountant, sufficient to permit Elder Affairs to assess the Residence's fiscal condition and ability to meet the requirements of the service plans established for its Residents.

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(Nama of Posidones)
(Name of Residence)
ssisted Living Residence were or the time period beginning
)

an audit of the financial posit a review of the financial posi a compilation of the financial	tion of the Residence.	
a compilation of the financial	position of the Residence.	
(C) Based upon financial statements that to the following (check one):	were prepared by a certified public accountant, I attest	
	eve, the Residence was in sound fiscal condition and the requirements of the service plans that have been	
	eve, the Residence was not in sound fiscal condition arces to meet the requirements of the service plans that	
III. Signatures		
I,		
	Type or Print Name of Sponsor Individual, Corporation, Trust or Other)	
S	Signature of Person Authorized to sign for Sponsor (Officer, Trustee or Individual)	
P	Print Name & Title of Person Authorized	
Ē	Date	

(B) The above named certified public accountant prepared financial statements for the above named Residence based upon (check one):